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| 000FORM PTO-1390 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE<br>REV. 2/01   |   | CUSTOMER NO. 22,852<br>ATTORNEY'S DOCKET NUMBER<br>05725.1415<br>U.S. APPLICATION NO.<br>(If known, see 37 CFR 1.5)<br><b>10/528699</b> |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b> |   |   |
| INTERNATIONAL APPLICATION NO.   | INTERNATIONAL FILING DATE   | PRIORITY DATE CLAIMED   |
| PCT/FR2003/002846   | September 26, 2003  | September 26, 2002  |
| TITLE OF INVENTION<br>NAIL VARNISH COMPOSITION COMPRISING A SEQUENCED POLYMER   |   |   |
| APPLICANT(S) FOR DO/EO/US<br>Philippe ILEKTI and Bertrand LION  |   |   |
| Applicant(s) herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |   |   |
| 1. <input checked="" type="checkbox"/>  | This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C 371.  |   |
| 2. <input type="checkbox"/>   | This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.   |   |
| 3. <input type="checkbox"/>   | This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. |   |
| 4. <input checked="" type="checkbox"/>  | The US has been elected by the expiration of 19 months from the priority date (Article 31).   |   |
| 5. <input checked="" type="checkbox"/>  | A copy of the International Application as filed (35 U.S.C. 371 (c)(2)).  |   |
|   | a. <input type="checkbox"/>   | is attached hereto (required only if not communicated by the International Bureau).   |
|   | b. <input checked="" type="checkbox"/>  | has been communicated by the International Bureau.  |
|   | c. <input type="checkbox"/>   | is not required, as the application was filed with the United States Receiving Office (RO/US).  |
| 6. <input checked="" type="checkbox"/>  | An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).   |   |
|   | a. <input checked="" type="checkbox"/>  | is attached hereto.   |
|   | b. <input type="checkbox"/>   | has been previously submitted under 35 U.S.C. 154 (d)(4).   |
| 7. <input checked="" type="checkbox"/>  | Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)).  |   |
|   | a. <input type="checkbox"/>   | are attached hereto (required only if not communicated by the International Bureau).  |
|   | b. <input type="checkbox"/>   | have been communicated by the International Bureau.   |
|   | c. <input type="checkbox"/>   | have not been made; however, the time limit for making such amendments has NOT expired.   |
|   | d. <input checked="" type="checkbox"/>  | have not been made and will not be made.  |
| 8. <input type="checkbox"/>   | An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).  |   |
| 9. <input type="checkbox"/>   | An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).   |   |
| 10. <input type="checkbox"/>  | An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).                   |   |
| Items 11 to 20 below concern document(s) or information included:   |   |   |
| 11. <input type="checkbox"/>  | Information Disclosure Statement under 37 CFR 1.97 and 1.98   |   |
| 12. <input type="checkbox"/>  | An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.   |   |
| 13. <input type="checkbox"/>  | A <b>FIRST</b> preliminary amendment.   |   |
| 14. <input type="checkbox"/>  | A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.   |   |
| 15. <input type="checkbox"/>  | A Substitute specification.   |   |
| 16. <input type="checkbox"/>  | A change of power of attorney and/or address letter.  |   |
| 17. <input type="checkbox"/>  | A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821-1.825.   |   |
| 18. <input type="checkbox"/>  | A second copy of the published international application under 35 U.S.C. 154 (d)(4).  |   |
| 19. <input type="checkbox"/>  | A second copy of the English language translation of the international application 35 U.S.C. 154 (d)(4).  |   |
| 20. <input checked="" type="checkbox"/>   | Other items or information:   |   |
|   | a. <input checked="" type="checkbox"/>  | Copy of cover page of International Publication No. WO 2004/028494 A3   |
|   | b. <input type="checkbox"/>   | Copy of Notification of Missing Requirements.   |
|   | c. <input type="checkbox"/>   |   |

| U.S. APPLICATION NO. (If known, see 37CFR 1.5)<br><b>10/528699</b>   | INTERNATIONAL APPLICATION NO.<br>PCT/FR2003/002846 | ATTORNEY'S DOCKET NUMBER<br>05725.1415                                     |   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|--|--|--|---|-----------------|--------------------------------|----------|-------------------------------------|----------|---|--|-----------|--|--------------|--------------|--|------|-----------|------|--|----------|--------|--------------|--------------|------|--------------|----|--------|-----------|--------------------|---|------|------------|---|--|--|-----------|--|--|--|--|--|--|--|-----------|--|--|--|----|--|--|--|-------------------|--|--|--|----|--|--|--|-----------------------------|--|--|--|----|--|--|--|------------------------------|--|--|--|------------------------|--|--|--|-------------|--|--|--|--|---|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|
| <p>21. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table> <tr> <td><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)):</b></td> <td style="text-align: right;"><b>\$300.00</b></td> </tr> <tr> <td>National Stage Search Fee.....</td> <td style="text-align: right;">\$500.00</td> </tr> <tr> <td>National Stage Examination Fee.....</td> <td style="text-align: right;">\$200.00</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></td> </tr> <tr> <td colspan="2" style="text-align: right;">\$1000.00</td> </tr> </table> <p><input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.</p> <table> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of additional 50 or fraction thereof (rounded up to a whole number)</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>75- 100 =</td> <td>/50=</td> <td></td> <td>x 250.00</td> </tr> </tbody> </table> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</p> <table> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>78</td> <td>- 20 =</td> <td>x \$50.00</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>-3 =</td> <td>x \$200.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+\$360.00</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;"><b>TOTAL OF THE ABOVE CALCULATIONS =</b></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">\$4260.00</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;"><b>SUBTOTAL =</b></td> </tr> <tr> <td colspan="3">Processing fee of \$130.00 for furnishing the English translation later than months from the earliest priority date (37 CFR 1.492(f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></td> </tr> <tr> <td colspan="3">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). 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A duplicate copy of this sheet is enclosed.</td> <td colspan="3"></td> </tr> <tr> <td>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>06-0916</u>. A duplicate copy of this sheet is enclosed.</td> <td colspan="3"></td> </tr> <tr> <td>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</td> <td colspan="3"></td> </tr> <tr> <td colspan="4">NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</td> </tr> <tr> <td colspan="4">SEND ALL CORRESPONDENCE TO:</td> </tr> <tr> <td colspan="4">Finnegan, Henderson, Farabow, Garrett &amp; Dunner, L.L.P.<br/>901 New York Avenue, NW<br/>Washington, D.C. 20001-4413</td> </tr> <tr> <td colspan="4"> <br/>         SIGNATURE<br/>         Ernest F. Chapman Reg. No. 25,961       </td> </tr> <tr> <td colspan="4">DATED: March 22, 2005 NAME/REGISTRATION NO.</td> </tr> </tbody></table> |  |  | <b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)):</b> | <b>\$300.00</b> | National Stage Search Fee..... | \$500.00 | National Stage Examination Fee..... | \$200.00 | <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b> |  | \$1000.00 |  | Total Sheets | Extra Sheets | Number of additional 50 or fraction thereof (rounded up to a whole number) | Rate | 75- 100 = | /50= |  | x 250.00 | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | Total Claims | 78 | - 20 = | x \$50.00 | Independent Claims | 2 | -3 = | x \$200.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | +\$360.00 |  |  |  | <b>TOTAL OF THE ABOVE CALCULATIONS =</b> |  |  |  | \$4260.00 | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 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| National Stage Search Fee.....   | \$500.00   |  |   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
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| <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>  |  |  |   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| \$1000.00  |  |  |   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
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| CLAIMS   | NUMBER FILED                                       | NUMBER EXTRA   | RATE  |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| Total Claims   | 78   | - 20 =   | x \$50.00   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| Independent Claims   | 2  | -3 =   | x \$200.00  |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)  |  |  | +\$360.00   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|  |  |  | <b>TOTAL OF THE ABOVE CALCULATIONS =</b>                |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|  |  |  | \$4260.00   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.   |  |  | \$  |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|  |  |  | <b>SUBTOTAL =</b>                                       |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| Processing fee of \$130.00 for furnishing the English translation later than months from the earliest priority date (37 CFR 1.492(f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30   |  |  | \$  |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|  |  |  | <b>TOTAL NATIONAL FEE =</b>                             |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property. +   |  |  | \$  |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|  |  |  | <b>TOTAL FEES ENCLOSED =</b>                            |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|  |  |  | Amount to be refunded:                                  |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|  |  |  | charged: \$   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>4260.00</u> to cover the above fees is enclosed.   |  |  |   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.  |  |  |   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>06-0916</u> . A duplicate copy of this sheet is enclosed.  |  |  |   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |  |  |   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.   |  |  |   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| SEND ALL CORRESPONDENCE TO:  |  |  |   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| Finnegan, Henderson, Farabow, Garrett & Dunner, L.L.P.<br>901 New York Avenue, NW<br>Washington, D.C. 20001-4413   |  |  |   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| <br>SIGNATURE<br>Ernest F. Chapman Reg. No. 25,961   |  |  |   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| DATED: March 22, 2005 NAME/REGISTRATION NO.  |  |  |   |                 |                                |          |                                     |          |   |  |           |  |              |              |  |      |           |      |  |          |        |              |              |      |              |    |        |           |                    |   |      |            |   |  |  |           |  |  |  |  |  |  |  |           |  |  |  |    |  |  |  |                   |  |  |  |    |  |  |  |                             |  |  |  |    |  |  |  |                              |  |  |  |                        |  |  |  |             |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |